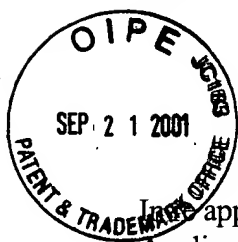


\$1745

Practitioner's Docket No. 050-99-037

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor application of: Iqbal et al.

Application No.: 09/415,781

Filed: 10/08/1999

Group No.: 1745

Examiner: Dove, T.

For: Corrosion Resistant Coated Fuel Cell Bipolar Plate With Graphite Protective Barrier And Method Of Making The Same

Commissioner for Patents  
Washington, D.C. 20231

RECEIVED

SEP 26 2001

AMENDMENT TRANSMITTAL  
TC 1700

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: Sept. 17, 2001

Signature

Peter L. Holmes

(type or print name of person certifying)

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$390.00

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	25	Minus	20	= 5	x \$18 =	\$90
Indep.	7	Minus	3	= 4	x \$80 =	\$320
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
						Total
						Addit. Fee <u>\$410</u>

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
  - \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
  - \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$410.00

**FEE PAYMENT**

5. Charge Account No. 01-1125 the sum of \$800.00. A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 01-1125.  
If any additional fee for claims is required, charge Account No. 01-1125.

Date: Sept. 17, 2001

Reg. No.: 37,353  
Tel. No.: 310-563-1454



Signature of Practitioner

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